

Reset Form

CAND Pay.gov Application for Refund (rev. 10/19)

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

APPLICATION FOR REFUND (USDC-CAND PAY.GOV)

PAY.GOV TRANSACTION DETAILS

IMPORTANT:

- Complete all required fields (shown in red*); otherwise, your request may be denied and require resubmission.
- In fields 3-6, enter the information for the incorrect transaction (the one for which you are requesting a refund), not the correct transaction that appears on the docket. This information can be found in the Pay.gov screen receipt or confirmation email.

1. Your Name:* Pavel I. Pogodin	7. Your Phone Number: 650-954-6857
2. Your Email Address: * pp@consensuslaw.io	8. Full Case Number (if applicable): 4:19-cv-07245-HSG
3. Receipt Number:* 26L98BQC	<div>9. Fee Type:*</div> <div><input type="checkbox"/> Attorney Admission</div> <div><input checked="" type="checkbox"/> Civil Case Filing</div> <div><input type="checkbox"/> FTR Audio Recording</div> <div><input type="checkbox"/> Notice of Appeal</div> <div><input type="checkbox"/> Pro Hac Vice</div> <div><input checked="" type="checkbox"/> Writ of Habeas Corpus</div>
4. Transaction Date:* Nov 2, 2019	
5. Transaction Time:* 8:08:06 PM	
6. Transaction Amount (Amount to be refunded):* \$400.00	
10. Reason for Refund Request:* Explain in detail what happened to cause duplicate charges or no fee required. <ul style="list-style-type: none">▪ For a duplicate charge, provide the correct receipt number in this field.▪ If you paid a filing fee in an abandoned case number, note that case number here (but e-file the refund request in the open case). Computer software/network malfunction caused duplicate charge. The correct transaction receipt number is 26L98BSG.	

✓ Efile this form using OTHER FILINGS → OTHER DOCUMENTS → APPLICATION FOR REFUND.

View detailed instructions at: cand.uscourts.gov/ecf/payments. For assistance, contact the ECF Help Desk at 1-866-638-7829 or ecfhelpdesk@cand.uscourts.gov Monday -Friday 9:00 a.m.-4:00 p.m.

FOR U.S. DISTRICT COURT USE ONLY	
Refund request:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Denied — Resubmit amended application (see reason for denial)
Approval/denial date: 11/22/19	Request approved/denied by: <i>Ana Baran</i>
Pay.gov refund tracking ID refunded: 26LN4BIN	Agency refund tracking ID number: 0971-13850503
Date refund processed: 11/22/19	Refund processed by: <i>Jun h</i>
Reason for denial (if applicable):	
Referred for OSC date (if applicable):	